MAXIMUS Federal Services

Case Number:	CM14-0025913		
Date Assigned:	06/13/2014	Date of Injury:	01/23/2006
Decision Date:	07/28/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/28/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old female who reported an injury on 01/23/2006 due to an unspecified mechanism of injury. On 02/04/2014, she reported neck pain that radiated down to the bilateral upper extremity, low back pain that radiated down to the bilateral lower extremities. Her pain was rated as an 8/10 in intensity with medications and a 9/10 to 10/10 in intensity without medications. It was noted that her pain was reported worse since her last visit. A physical examination showed spinal vertebral tenderness noted in the cervical spine at C4 to C7 levels on the left side and spasm in the bilateral paraspinous musculature of the lumbar spine. In the lumbar spine, tenderness was also noted upon palpation in the spinal vertebral area of L3 through S1 levels, range of motion of the lumbar spine showed decreased flexion limited to 40 degrees due to pain and extension limited to 10 degrees due to pain. Pain was significantly increased with flexion and extension, sensory exam was within normal limits bilaterally, motor examination showed decreased strength bilaterally which was mild, reflexes were absent bilaterally. Her straight leg raise in the seated position was positive bilaterally. An unofficial MRI of the cervical spine dated 09/12/2011 showed cervical spondylitis at C2-3 through C6-7 discs; at C5-6, there is a 3 mm posterior disc protrusion, there was moderate narrowing of the left C5-6 neural foramina due to uncovertebral spurring and facet disease; and at C3-4, there was a 2 mm posterior osteophyte disc complex. Her diagnoses were listed as cervical radiculopathy, lumbar radiculopathy, right shoulder pain, and chronic pain. Past treatments included therapeutic lumbar epidural steroid injection that was noted to have given a positive response. She has also had Toradol and B12 injections. Her medications were listed as omeprazole 20 mg and Vicodin ES 7.5/300 mg. The request for authorization form was signed on 02/17/2014. The rationale for treatment was the patient's positive response to the first epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

BILATERAL L4-5 LUMBAR EPIDURAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: It was noted that the injured worker had undergone previous therapeutic lumbar epidural steroid injection and reported a positive response. The injured worker had diminished reflexes at the Achilles and patellar, and a positive straight leg raise bilaterally. She also had a diagnosis of cervical and lumbar radiculopathy. The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the injured worker must have been initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. It was noted that the injured worker had a good response with the previous epidural steroid injection with pain relief of over 3 months; however, the epidural steroid injection was noted to be performed several years ago. There is no documentation regarding pain relief and functional improvement after the prior epidural steroid injection. In addition, the injured worker does not have imaging and/or electrodiagnostic diagnostic studies to support the diagnosis of radiculopathy. Furthermore, the clinical documentation provided does not state that the injured worker has been unresponsive to all conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. The request is not supported by the guideline recommendations. Therefore, the request for bilateraL L4-5 lumbar epidural is not medically necessary.